## Case 24-11337-KHK Doc 14 Filed 08/01/24 Entered 08/01/24 15:49:04 Desc Main Document Page 1 of 3

Fill	l in this information to identify your case:						
	in this information to identity your case.						
De	btor 1 Peter Churchill Labovitz						
	btor 2 pouse, if filing)						
Un	ited States Bankruptcy Court for the: Eastern District of Virg	jinia					
	se number <u>24-11337</u> known)			☐ Check	if this is an	amended filing	
IV.							
$\overline{}$	fficial Form 122B		41.1.1				
Cl	hapter 11 Statement of Your Curr	ent Mc	onthly Ir	come			12/2
nee	u must file this form if you are an individual and are filing eded, attach a separate sheet to this form. Include the line ges, write your name and case number (if known).	for bankrup number to	tcy under Ch which the ad	apter 11 (o ditional inf	ther than sormation a	Subchapter V). If mapplies. On the top	ore space is of any additional
Pa	rt 1: Calculate Your Current Monthly Income						
1.	. What is your marital and filing status? Check one only.						
	□ Not married. Fill out Column A, lines 2-11.						
	☐ Married and your spouse is filing with you. Fill out bo	oth Columns	A and B, lines	2-11.			
	■ Married and your spouse is NOT filing with you. Fill	out Column	A lines 2-11				
	- Married and your spouse is NOT ming with you.	out Goldmin	ν, πιου Σ ττι				
	Fill in the average monthly income that you received from case. 11 U.S.C. § 101(10A). For example, if you are filing on of your monthly income varied during the 6 months, add the in income amount more than once. For example, if both spouser you have nothing to report for any line, write \$0 in the space.	September 1 ncome for all	5, the 6-mont 6 months and	h period wo I divide the	uld be Mar total by 6. l	ch 1 through August Fill in the result. Do	t 31. If the amount not include any
				Column A Debtor 1		Column B Debtor 2	
,	. Your gross wages, salary, tips, bonuses, overtime, and	l commissio	ons (before all				
	payroll deductions).			\$	0.00	\$	
3	<ul> <li>Alimony and maintenance payments. Do not include pay Column B is filled in.</li> </ul>	ments from	a spouse if	\$	0.00	\$	_
4	<ul> <li>All amounts from any source which are regularly paid of you or your dependents, including child support. Inc</li> </ul>	for househo	old expenses				
	from an unmarried partner, members of your household, yo	our depende	nts, parents,				
	and roommates. Include regular contributions from a spous filled in. Do not include payments you listed on line 3.	se only if Col	umn B is not	\$ 25	,237.21	\$	
5	Net income from operating a						
	business, profession, or famil	Debtor 2 \$ 0.00					
	Gross receipts (before all deductions)						
	Ordinary and necessary operating expenses  Net monthly income from a business, profession, or farm \$		Copy here ->	<b>&gt;</b> \$	0.00	\$	
6	. Net income from rental and		NSS:				
	other real property Debtor 1	Debtor 2					
	Gross receipts (before all deductions)	\$ <u>0.00</u> \$ 0.00					
	Offiliary and necessary operating expenses	0.00	Copy here ->	<b>&gt;</b> \$	0.00	\$	
	Net monthly income from rental or other real property \$	0.00	Copy Hele -	Ψ	0.00	Ψ	ALADAAAA

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Debto	Peter Churchill Labovitz			Case	e number ( <i>if known</i>	24-11337	•	
					mn A	Column B		
				Debt	tor 1	Debtor 2		
7.	Interest, dividends, and royalties			\$	0.00	\$		
	Unemployment compensation			\$	2,100.70	\$		
	Do not enter the amount if you contend the Social Security Act. Instead, list it h		ed was a benefit unde	er				_
	For you	\$	2,100.70					
	For your spouse	\$						
	Pension or retirement income. Do not benefit under the Social Security Act. A not include any compensation, pension United States Government in connected disability, or death of a member of the pay paid under chapter 61 of title 10, the does not exceed the amount of retired if retired under any provision of title 10.	also, except as stated in a, pay, annuity, or allowa on with a disability, comb uniformed services. If yo len include that pay only pay to which you would o other than chapter 61 of	the next sentence, d nce paid by the pat-related injury or u received any retire to the extent that it otherwise be entitled that title.	d	0.00	<b>.</b> \$		
10.	Income from all other sources not list Do not include any benefits received us received as a victim of a war crime, a commestic terrorism; or compensation, punited States Government in connection disability, or death of a member of the sources on a separate page and put the	nder the Social Security, rime against humanity, or ension, pay, annuity, or on with a disability, comb uniformed services. If ne	Act; payments or international or allowance paid by th oat-related injury or					
				\$	,	_ \$ \$		_
				\$	0.00	- T		
	Total amounts from separate	pages, if any.	•	+ \$ <sub></sub>	0.00	. \$		_
11.	Calculate your total current monthly Add lines 2 through 10 for each column Then add the total for Column A to the	1.	\$	27,337	<u>'.91</u> + \$		= \$_	27,337.91

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Case number (if known) 24-11337

Debtor 1 Peter Churchill Labovitz Case number (if known) 24-11337
Part 2: Sign Below  By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.  X  Peter Churchill Labovitz Signature of Debtor 1  Date  MM / DD / YYYY